

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09724583	FILING DATE 11-28-00
							APPLICANT(S) RMD	
							46-01	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	1
2	1						52	3
3	1						53	3
4		3					54	3
5		3					55	1
6		3					56	
7		3					57	
8		3					58	
9		3					59	
10		3					60	
11		3					61	
12		3					62	
13	1						63	
14	1						64	
15	1						65	
16		3					66	
17		3					67	
18		3					68	
19		3					69	
20		3					70	
21		3					71	
22		3					72	
23		3					73	
24		3					74	
25		3					75	
26		3					76	
27		3					77	
28		3					78	
29		3					79	
30	1						80	
31		3					81	
32		3					82	
33		3					83	
34	1						84	
35		3					85	
36		3					86	
37		3					87	
38		3					88	
39		3					89	
40		3					90	
41		3					91	
42		3					92	
43		3					93	
44		3					94	
45		3					95	
46		3					96	
47		3					97	
48		3					98	
49		3					99	
50		3					100	
TOTAL IND.	10						TOTAL IND.	
TOTAL DEP.	66						TOTAL DEP.	
TOTAL CLAIMS	76						TOTAL CLAIMS	